

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 SEP 12 PM 3:41

Name: <i>Mary Smith Green</i>		Daytime Telephone: _____
<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives Candidates - Date of Election: <u>11-6-18</u>		<input type="checkbox"/> Check if Amendment Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
FILER STATUS	New Officer or Employee Employing Office: _____	Period Covered: January 1, _____ to _____

M U.S. House of Representatives
 (Office Use Only)
 A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	H. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: *Mary Smith Geren*

Page *2* of *8*

BLOCK A		BLOCK B		BLOCK C		BLOCK D	
Assets and/or Income Sources		Value of Asset		Type of Income		Amount of Income	
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		For all IRA and other retirement plans (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds.		"Column M is for assets held by your spouse or dependent child in which you have no interest."		"Column N is for assets held by your spouse or dependent child in which you have no interest."	
Sp. DC ETC	EIP	A B C D E F G H I J K L M	A B C D E F G H I J K L M	I II III IV V VI VII IX X XI XII	I II III IV V VI VII IX X XI XII	I II III IV V VI VII IX X XI XII	I II III IV V VI VII IX X XI XII
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		For rental and other real property held for investment, provide a complete address or description, e.g., "Rental Property," and a city and state.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	
If you report a privately-held fund that is an Exempt Investment Fund, please check the "EIF" box.		If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or jointly held with anyone (JTF). In the optional column on the far left, For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		Other Type of Income (Specify e.g., Partnership Income or Farm Income)		Other Type of Income (Specify e.g., Partnership Income or Farm Income)	
Sp. DC ETC		EIP		Partnership Income		Partnership Income	
<i>Retirement Fund</i> <i>DC 529 Columbia Med</i> <i>Cons Port Ag-Stat</i>		<i>X</i>		<i>X</i>		<i>X</i>	
<i>ABC Hedge Fund</i>		<i>X</i>		<i>X</i>		<i>X</i>	

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mary Smith Gerec Page 3 of 8

SCHEDULE D – LIABILITIES

Name: Mary Smith Geren | Page 5 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
			A	B	C	D	E	F	G	H	I	J
Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000									
ST Sierra Pacific	8/14	Mortgage Anderson, SC	\$15,001-\$50,000									
			\$50,001-\$100,000									
			X									
			\$100,001-\$250,000									
			\$250,001-\$500,000									
			\$500,001-\$1,000,000									
			\$1,000,001-\$5,000,000									
			\$5,000,001-\$25,000,000									
			\$25,000,001-\$50,000,000									
			Over \$50,000,000									
			Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Member	Foothills Alliance - Anderson, SC
Instructor	Tri-County Technical College (July 2009 – June 2018)

SCHEDULE F – AGREEMENTS

Name:

Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

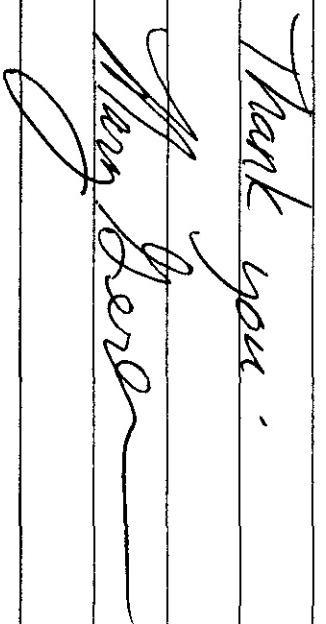
Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example.	Doe Jones & Smith, Hometown, Homestate Accounting Services

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Mary Smith Geren | Page 7 of 8

NOTE NUMBER	NOTES
	I did not receive the first request to complete this form — I received a letter today stating I had not submitted the disclosure. I apologize for this honest mistake. As someone who is new to politics, I am reliant on reminders for these matters. I assume the first letter was lost in the mail.
	Thank you.
	

**FILER NOTES
(Optional)**

Name:

Page 8 of 8

Use additional sheets if more space is required.